

Volenski, Dina

030119 Emma

From: Cantelme. Steve <cantelmes@sacoes.org>
Sent: Friday, March 01, 2019 8:26 AM
To: 'cdunsmoor@buttecounty.net'
Cc: Cantelme. Steve
Subject: Sacramento County Reimbursement Docs for Butte Co. for Camp Fire 2018
Attachments: FEMA Forced Account Equipment Form 2015_pg 2.pdf; FEMA Force Labor Reimbursement Form 2015 - pg1.pdf; FEMA Forced Account Equipment Form 2015_pg 1.pdf; FEMA Force Labor Reimbursement Form 2015 - p2.pdf; Nspringer - pic sign in logs, etc.docx; 05 EMMA Form 4 - Exit Survey (2) (5) n springer.doc; Re_ Mutual Aid Request Extension for N. Springer.pdf; Planning Chief Butte County emma request.pdf

Hi Cindi,

I attached the reimbursement docs for Nancy Springer (Sac Co. Code Enforcement Officer) who was deployed through EMMA to Butte County for the Camp Fire. I am waiting on just one more person's documentation from this OA (Janna Haynes, Sac Co PIO) that was deployed through the EMMA process to the Town of Paradise. She is on maternity leave but I hope to have her docs in hand by Monday. Please let me know if you need anything more from me. I will be your point of contact for Sacramento County.

Thanks,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org



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**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

O.M.B. No. 1660-0017
Expires April 30, 2013

PAGE 2 OF 2

APPLICANT
Nancy Springer

PA ID NO.

PROJECT NO.

DISASTER
Camp Fire

LOCATION/SITE

Butte County EOC - Mira Loma rd - Oroville Ca

CATEGORY

PERIOD COVERING

11.12.18 thru 11.17.18 an d11.19.18 thru 11.20.19

DESCRIPTION OF WORK PERFORMED

WORKED AS EOC Plans Intel Chief in BC EOC

I drove my county truck form my home to the EOC each day that I worked.

TYPE OF EQUIPMENT

INDICATE SIZE, CAPACITY, HOURSEPOWER,
MAKE AND MODEL AS APPROPRIATE

EQUIPMENT
CODE
NUMBER

2017 FORD F150 6 CYCLINDER 285 hp

131-755

OPERATOR'S
NAME

Nancy Springer

DATES AND HOURS USED EACH DAY

COSTS

DATE 11/20/18

+

HOURS

2

HDURS

HOURS

HOURS

HOURS

HOURS

HOURS

HOURS

HOURS

TOTAL
HOURS

2

TOTAL
EQUIPMENT
RATE

TOTAL
COST

GRAND TOTAL

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED
nancy Springer

TITLE
Plans Intel Chief

DATE
02.28.19

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 15 minutes response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed form to the above address.**

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE 1 OF 2

APPLICANT
Nancy Springer

PA ID NO.

PROJECT NO.

DISASTER
Camp Fire

LOCATION/SITE

EOC Butte County - 1111 Loma Dr- Oroville CA

CATEGORY

PERIOD COVERING
11.12.18 thru 11.20.18

DESCRIPTION OF WORK PERFORMED

Worked in EOC as Plans Intel Chief and assisted with Damage Assessment

NAME		DATES AND HOURS WORKED EACH WEEK										COSTS				
JOB TITLE		O.A.T.E.	11.12.18	11.13.18	11.14.18	11.15.18	11.16.18	11.17.18			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS	
NAME		REG.	15	15	13	12	15	13			83					
JOB TITLE		O.T.														
NAME		REG.														
JOB TITLE		O.T.														
NAME		REG.														
JOB TITLE		O.T.														
NAME		REG.														
JOB TITLE		O.T.														
NAME		REG.														
JOB TITLE		O.T.														
NAME		REG.														
JOB TITLE		O.T.														
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME																
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME																

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DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 1660-0017
Expires April 30, 2013

PAGE 1 OF 2

APPLICANT
Nancy Springer

PAID NO.

PROJECT NO.

DISASTER
Camp Fire

LOCATION/SITE

Butte County EOC - Mira Loma rd - Oroville Ca

CATEGORY

PERIOD COVERING
11.12.18 thru 11.17

DESCRIPTION OF WORK PERFORMED

WORKED AS EOC Plans Intel Chief in BC EOC

I drove my county truck from my home to the EOC each day that I worked.

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE	1112 ⁺	1113 ⁺	1114 ⁺	1115 ⁺	1116 ⁺	1117 ⁺	1119 ⁺	TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
2017 FORD F150 6 CYLINDER 285 hp	131-755	Nancy Springer	HOURS	2	2	2	2	2	2	2	14		
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
GRAND TOTAL													

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED
nancy springer

TITLE	Plans Intel Chief
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DATE 02.28.19

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DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

O.M.B. No. 1660-0017
Expires December 31, 2011

PAGE 1 OF 2

APPLICANT Nancy Springer	PA ID NO.	PROJECT NO.	DISASTER Camp Fire
LOCATION/SITE EOC Butte County - Mira Loma Dr- Oroville CA	CATEGORY	PERIOD COVERING 11.12.18 thru 11.20.18	

DESCRIPTION OF WORK PERFORMED

Worked in EOC as Plans Intel Chief and assisted with Damage Assessment

NAME	DATES AND HOURS WORKED EACH WEEK					COSTS			
	DATE	11.19.18	11.20.18			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
JOB TITLE									
NAME Nancy Springer	REG.	13	12			25			
JOB TITLE Plans Intel Chief	O.T.								
NAME	REG.								
JOB TITLE	O.T.								
NAME	REG.								
JOB TITLE	O.T.								
NAME	REG.								
JOB TITLE	O.T.								

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

\$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED Nancy Springer	TITLE Plans Intel Chief	DATE 02.28.19
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STUTTE, KOC INC 211

[illegible]

DATE FOR 2011

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Check In/Out Log

[illegible]

0632- arrived @ EOC
 0700 getting updated on information re IAP
 0700 listening to News brief culture & behavior
 0700 familiarizing myself with objectives - IAP
 0823 Fire Liaison briefing
 0835 Planning Mtg with hrs
 - Received updates on objectives
 - Received updates on status
 - Next mtg 1600hrs
 0900 updating and creating IAP
 New ops period - started Newstead
 1000

Dispatched Unit #	Operational Period Start/End	Time Proposed	Page 1 of 1
06	11/12/18	11:12:18	
Unit Name/Dispatcher	Unit Leader (Name & Position)		
Plains Field	Self		

Time	Activity/Events
0632-	arrived @ EOC
0700	getting updated on information re IAP
0700	listening to News brief culture & behavior
0700	familiarizing myself with objectives - IAP
0823	Fire Liaison briefing
0835	Planning Mtg with hrs
	- Received updates on objectives
	- Received updates on status
	- Next mtg 1600hrs
0900	updating and creating IAP
	New ops period - started Newstead
1000	

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name: Camp Fire

Assignment Location (EOC, Command Post, Field, etc.): EOC

Position/Task: Plans Intel Chief

Shift (Day / Night): Day

Assignment Dates: 11/12/2018

Number of Shifts (In days, do not include travel): 8

A. Mobilization Process:

- Alert Notification ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Recruitment ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Assignment Briefing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

B. Assignment Support:

- Travel Arrangements ☒ **Excellent** ☐ **Good** ☐ **Poor**
- EOC In-processing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Deployment Support Kit ☒ **Excellent** ☐ **Good** ☐ **Poor** ☐ **N/A**
- SOPs/Forms ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

C. Demobilization Process:

- EOC Out-processing ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Personal Expense Reimbursement ☐ **Excellent** ☒ **Good** ☐ **Poor**
- Post-Assignment Debriefing ☐ **Excellent** ☒ **Good** ☐ **Poor**
- Overall Experience ☒ **Excellent** ☐ **Good** ☐ **Poor**
- Comments (Attach an additional page if necessary):

D. General Comments/Suggestions

Appreciate being able to help

From: [Flynn, MaryJo](#)
To: [Dunsmoor, Cindi](#)
Cc: [Hawkins, Matthew](#); [Springer, Nancy](#); [Cantelme, Steve](#); [Ince, Roger](#)
Subject: Re: Mutual Aid Request Extension for N. Springer
Date: Wednesday, November 14, 2018 2:53:32 PM

Thank you. We are in receipt of the request, and as long as she and her supervisor are in agreement, that should be fine.

Mary Jo Flynn, MS, CEM
Emergency Operations Coordinator
Sacramento County OES
(916) 874-4671 - office
(916) 508-5131 - cell
Flynnm@sacoes.org
3720 Dudley Blvd., #122, McClellan, CA 95652

On Nov 14, 2018, at 2:45 PM, Dunsmoor, Cindi <CDunsmoor@buttecounty.net> wrote:

EXTERNAL EMAIL: If unknown sender, do not click links/attachments.

We'd like to extend Nancy Springer's services here in Butte County EOC Plans and Intel Chief position through to November 24, 2018. Please let me know if you need any additional information.

Thank you for your consideration,

Cindi

Cindi Dunsmoor

Emergency Services Officer

Butte County Office of Emergency Management

530.552.3333

Cell 530.624.4729

EMMA

Incident: 2018-10-08 Camp Fire

[Back](#)

[Add Response](#)

[Print](#) [PDF](#)

EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3079

Incident Name: 2018 November Wildfires

Request Date / Time: 11/11/2018 17:05:50

Approved Mission / Tracking
#:

Requesting Jurisdiction Information

Requesting Jurisdiction
Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary
Point of Contact: Tamara Ingersoll

Position / Title: Logistics

Phone: 530-538-4309

Alt Phone:

Fax:

E-Mail: ecoclogs@buttecounty.net

Alternate Point of Contact: Debbie Heath

Position / Title: Logistics

Phone: 530-990-2130

Alt Phone:

Fax:

E-Mail:

Resource Requested

Position: Planning Section Chief

Quantity: 1

Start Date/Time: 11/12/2018 17:08:28

End Date/Time: 11/15/2018 21:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Maintaining current situation status and planning for future potential situations such as additional evacuations or repopulation, etc.

Any special skills /
certifications / licenses /
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

All equipment provided. EMMA being ordered via Post-event MOU/MOA.

Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309

Point of Contact Name: Debbie Heath

Point of Contact Title: Logistics

Cell Phone: 530-538-4309

Alt Phone:

E-Mail: ecoclogs@buttecounty.net

Expected Working Conditions

Special health or
environmental concerns in
the assignment area? Smoke.

Hardship living conditions
(Lack of power or potable
water, etc.)?

Special Requesting Jurisdiction will not be providing lodging. Hotels are hard to find in the area. Try Redding or Sacramento for transportation instructions: lodging.

Providing Jurisdiction Information

[Edit Response](#)

Providing Jurisdiction Name: Sacramento

24 Hour Phone Number:

EMMA Coordinator /

PRIMARY Point of Contact Flynn, Mary Jo

Name:

Position / Title: Sacramento - OP AREA -
LOG Section Chief

Phone: 916-508-5131

Alt Phone:

Fax:

E-Mail:

Alternate Point of Contact
(Optional): Matthew Hawkins

Position / Title: Coordinator

Phone: 916-545-4117

Alt Phone:

Fax:

E-Mail:

EMMA Resource Candidate☒ This Candidate has been Accepted.

Name: Nancy Springer

Cell: 916-747-0038

Alt Phone:

E-Mail:

Available for the period specified in the corresponding
EMMA Form 1A? YesAble to perform requested
tasks? Yes

Security Clearance (If applicable)?

Equipment needed for
deployment is available? YesHas been made aware of the expected
working conditions? YesExperience / EOC Position
Credentials:Special Skills /
Certifications / Licenses:Originating Location (City
and County): Browns Valley, Yuba CountyEstimated travel time to
check-in location:Special accommodations
required:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

Providing Jurisdiction Information

Providing Jurisdiction Name: Santa Clara

24 Hour Phone Number: 408-299-2501

EMMA Coordinator /

PRIMARY Point of Contact
Name: Jay McAmisPosition / Title: Santa Clara - OP AREA -
LOG Personnel

Phone: Office (408) 808-7803

Alt Phone:

Fax:

E-Mail: jay.mcamis@oes.sccgov.org

Alternate Point of Contact
(Optional):

Position / Title:

Phone:

Alt Phone:

Fax:

E-Mail:

EMMA Resource Candidate

Name: Vlad Ibarra

Cell: 408-823-5005

Alt Phone:

E-Mail:

Available for the period specified in the corresponding
EMMA Form 1A? YesAble to perform requested
tasks? Yes

Security Clearance (If applicable)?

Equipment needed for
deployment is available? YesHas been made aware of the expected
working conditions? YesExperience / EOC Position
Credentials:Special Skills /
Certifications / Licenses:Originating Location (City
and County): Campbell, CA, Santa Clara CountyEstimated travel time to
check-in location: Three hoursSpecial accommodations
required: N/A

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

[Back](#)

Originated by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Originated date: 11/11/2018 17:05:35

Last Edited by: tingersoll@buttecounty.net as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/11/2018 19:16:42